

STATE OF NEW HAMPSHIRE NEW HAMPSHIRE BOARD OF NURSING

78 REGIONAL DRIVE, BLDG. B
PO BOX 3898
CONCORD NH 03302-3898
Webpage: <http://www.state.nh.us/nursing>

TDD Access: Relay NH 1-800-735-2964

Nursing 603-271-2323

Nurse Asst. 603-271-6282

DIRECTIONS FOR TEMPORARY A.R.N.P. LICENSURE

New Hampshire has a mandatory licensing law; no one shall practice nursing in New Hampshire without a current New Hampshire license. New Hampshire may issue a temporary license for A.R.N.P.s (Advanced Registered Nurse Practitioners) who document verification to sit the first national certifying examination of their choice, in their category following successful completion of a nursing educational program preparing nurses for advanced registered nurse practice.

An application for permanent licensure must be accepted before the application for Temporary Licensure can be accepted. **Note:** The applications for permanent and temporary license are reviewed concurrently by the Liaison Committee. The temporary license will be mailed after processing, no licenses are issued at the Board office.

The Liaison Committee meets the fourth Thursday of the month to review A.R.N.P. applications and make recommendations to the Board. To be added to the meeting agenda, the application must be complete and all related information must be received at the Board office ten days before the meeting.

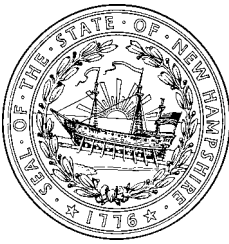
The Board meets the third Thursday of the following month to review Liaison Committee those applications about which the Committee has questions. Until you receive notification of licensure, your practice of nursing in the state must be limited to the registered nurse (R.N.) scope of practice. This practice requires a current New Hampshire R.N. license.

Temporary license may be issued to qualified applicants who have on file at the Board office:

- _____ Documented date to sit the first scheduled national certifying examination of your choice in your category.
- _____ Current New Hampshire Registered Nurse license.
- _____ Completed application for license as an Advanced Registered Nurse Practitioner in New Hampshire with fee of **\$100.00** U.S. funds, check or money order payable to "Treasurer, State of New Hampshire."
- _____ Completed temporary license application with fee of **\$20.00** U.S. funds, check or money order payable to "Treasurer, State of New Hampshire."
- _____ An official transcript from your nurse practitioner educational program verifying successful completion of a program of study based on current standards of advanced nursing practice as set forth in Nur 304.05 designed to provide:
 - _____ 225 hours of theoretical nursing content;
 - _____ 480 hours of clinical nursing practice including a precepted practicum with an A.R.N.P. or physician practicing in the applicants advanced nursing practice category; and
 - _____ Pharmacological interventions.
- _____ Documentation of oversight A.R.N.P, practicing in the same practice category, on file with the Board.

FEES ARE NOT REFUNDABLE.

APPLICATIONS NOT COMPLETED WILL BE PURGED 180 DAYS FROM FILING DATE



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For Office Use Only:

FEE: \$ _____
REC'D: _____
CK/MO: _____
_____/_____/_____
TL.#. Issued Expire
Reg.# _____
Issue Date: _____

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APPLICATION FOR TEMPORARY A.R.N.P. LICENSE

NAME OF CERTIFYING EXAMINATION: _____

SCHEDULED DATE OF EXAMINATION: ____/____/_____
(Month) (Date) (Year)

1. Name: _____
(Last) (First) (Middle) (Maiden) (Other names used)

2. Mailing Address: _____
(Street) (City) (County) (State) (Zip)

3. Telephone: () _____ Social Security # ____/____/____ Date of Birth: ____/____/____
(Optional): (Month) (Date) (Year)

4. Advanced Educational Nursing Program: _____

Location: _____ Graduation Date: ____/____/____
(Street) (City) (State) (Zip) (Month) (Date) (Year)

Type of Program: Certificate () Generic Master's () Master's () Doctor of Nursing ()

5. Anticipated Employer: _____ Telephone () _____
(Name)

(Address: Street City County State Zip)

6. Oversight A.R.N.P. _____ Telephone () _____
(Name)

(Address: Street City County State Zip)

(Employer) Telephone (): _____

8. I have submitted an application for advanced registered nurse practitioner in New Hampshire. Yes () No ()

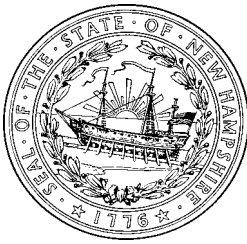
Date Filed: ____/____/____
(Month) (Date) (Year)

UNDER PENALTY OF PERJURY, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension, revocation, of a license (RSA 326-B:12) and may be grounds for conviction of a misdemeanor (RSA 641:3).

Full Signature

Date of Application

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TO: _____, A.R.N.P. Oversight Nurse
(Name)

FROM: New Hampshire Board of Nursing

RE: _____, R.N.
(Name)

I have been licensed as a New Hampshire A.R.N.P. for more than one year in the practice category in which the applicant is seeking licensure.

I will provide oversight by:

- (1) Assisting with role transition from student to practitioner;
- (2) Supporting the socialization, education and training of the registered nurse issued an A.R.N.P. Temporary License.
- (3) Interpreting the practice arena in New Hampshire pursuant to the scope of practice, prescriptive authority and independent practice.
- (3) Acting as an advocate for the advanced practice role by assisting the T.A.R.N.P. in role assimilation, consultation and familiarization with advanced practice issues.
- (5) Communicating weekly with the temporary licensee for guidance and support.
- (6) Not providing oversight concurrently for more than 2 applicants.

(Signature of T.A.R.N.P. applicant)

(Signature of Oversight Nurse)

Date: ____/____/____
(Month) (Date) (Year)

License Number _____

Expiration Date: ____/____/____
(Month) (Date) (Year)

Practice Category: _____

This form is to accompany application for temporary licensure for Advanced Registered Nurse Practitioner.

APPLICATIONS NOT COMPLETED WILL BE PURGED 180 DAYS FROM FILING DATE

**WANT MORE
INFORMATION?**

- ♦ Contact the Division of State Police at (603) 271-2538 or visit the web site at www.state.nh.us/nhsp/
- ♦ Contact the Board of Nursing at (603) 271-2323, (603) 271-6282, or visit the web site at www.state.nh.us/nursing/



IMPORTANT!

**Don't risk a delay in getting
your license issued or
renewed!**

Start the process early!

**Your license will not be
issued or renewed until your
current Criminal
Convictions Record has been
received and reviewed by the
Board of Nursing!**

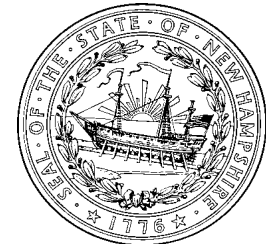
**You may not work without
an active license!**

***THERE ARE NO
EXCEPTIONS!***

IT'S THE LAW!

**Mandatory Criminal
Background Checks for
Nurses and Nursing
Assistants**

An Informational Brochure



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New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME _____
LAST (MAIDEN / ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____ SEX _____

DRIVER LICENSE NUMBER _____ STATE _____

My below signature certifies that I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ DATE _____
Signed under penalty of unsworn falsification pursuant to RSA 641:3.

SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,
ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

New Hampshire Board of Nursing

NAME OF PERSON / FIRM TO RECEIVE RECORD _____

ADDRESS 78 Regional Dr. Bldg B, Concord NH 03301
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(Affix Seal) (Comm. Exp.)

SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD DATE _____

NOTE: A \$10.00 fee is required for each request - make checks payable to: State of NH – Criminal Records



CRIMINAL BACKGROUND CHECKS: IT'S THE LAW!

The next time you renew your license to practice as a RN, LPN, or LNA, the process will be slightly different. In July 2003, the State of New Hampshire enacted a law requiring that all licensees who apply to the Board of Nursing for a license must send in a Criminal Convictions Report from the Division of Police. This is how the process will work:

1. You will receive a Criminal Record Release Authorization Form along with your license renewal or reinstatement application.
2. Complete the information requested on the Criminal Record Release Authorization Form and have the form notarized by a Notary Public. **DO NOT SIGN THE FORM UNTIL YOU ARE MEETING WITH THE NOTARY PUBLIC.**
3. Send the completed, notarized Criminal Record Release Authorization Form along with a check or money order for \$10.00 to the NH Division of State Police at 10 Hazen Drive, Concord, NH 03305.
4. The Division of State Police will send your Criminal Convictions Report directly to the Board of Nursing. Your report must be dated no more than 45 days before your license is issued.
5. Send your application for license renewal or reinstatement along with the correct license fee to the Board of Nursing.
6. Your license will not be issued until the Board of Nursing has received and reviewed your Criminal Convictions Report sent to us by the State Police. ***PLAN AHEAD!***

REMEMBER!

- ◆ This law applies to all applicants for *all types of licenses, including temporary, initial, renewal and reinstatement licenses.*
- ◆ This law applies to *RNs, LPNs, and LNAs.*
- ◆ Your license cannot be processed until the Board of Nursing has received and reviewed your Criminal Convictions Report. The Board of Nursing will only review Criminal Record Checks that are dated within 45 days of licensure. The report will be retained in the Board of Nursing office for 45 days following the date it was issued by the Division of State Police.
- ◆ Don't delay the process of renewing your license. The Board of Nursing cannot process your application without your Criminal Convictions Report. You cannot work as an ARNP, RN, LPN, or LNA without an active, valid license.
- ◆ **THERE ARE NO EXCEPTIONS! IT'S THE LAW!**

QUESTIONS?

How can I get my release form notarized?

- ◆ Notary publics are available in many banks and offices. There may be a notary public who works in your place of employment. There will be a notary public available in the Board office. **DO NOT** sign the form until you are meeting with the notary public.

Can I bring the Criminal Record Release Authorization Form directly to the Division of State Police?

- ◆ You may hand carry your Criminal Record Release Authorization directly to the Division of State Police. However, the Criminal Convictions Report must be sent directly from the Division of Police to the Board of Nursing office.

How many weeks before I renew my license can I start this process?

- ◆ Your Criminal Convictions Report will be retained in the Board of Nursing for 45 days from the date it is issued by the Division of State Police. Your report must be dated no more than 45 days before the date of your license renewal.

How long will this process take?

- ◆ The State Police office will process these requests as quickly as possible. However, plan ahead! Your license will not be issued until your Criminal Convictions Report has been reviewed.

If I already have a Criminal Convictions Report that I obtained for another purpose, can I use that report instead of applying for a new one?

- ◆ No, the Board of Nursing will only review reports that have been generated by the Division of State Police and sent to the Board of Nursing within the past 45 days. The report must be sent to the Board of Nursing office directly by the Division of State Police.

CRIMINAL BACKGROUND

CHECKS

IT'S THE LAW!

Senate Bill 94 requires that every applicant for a license to practice as a RN, LPN, or LNA in the state of New Hampshire must submit to the Board of Nursing a current criminal conviction record check.

Beginning January 1, 2004, every new applicant and every renewal or reinstatement applicant for licensure by the Board of Nursing must send a notarized criminal conviction record release authorization form to the Division of State Police. These forms will be sent with all renewals, or are available at the Board of Nursing office, or on the web site, www.state.nh.us/nursing. The Division of State Police will send the Criminal Convictions Report to the Board of Nursing. The Board of Nursing must review the Criminal Convictions Record prior to issuing a license.

YOU MUST

- ◆ Have the Criminal Record Release Authorization Form notarized
- ◆ Mail the Criminal Record Release Authorization Form along with a check for \$10.00 payable to NHSP-CRIMINAL RECORDS to the Division of State Police, 10 Hazen Drive, Concord, NH 03305
- ◆ Mail your license application and appropriate fee to the New Hampshire Board of Nursing

REMEMBER!

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- ◆ Don't delay the process of renewing your license. The Board of Nursing cannot process your application without your Criminal Convictions Report. You cannot work as an ARNP, RN, LPN, or LNA without an active, valid license.

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